



Division of Public Health, Licensure Unit  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**ATTACHMENT 4**

**PRELIMINARY BREATH TESTS**

**Checklist Technique To Be Used by Class C Permit Holders**

Case Identification #: \_\_\_\_\_

This analysis was on the breath specimen from: \_\_\_\_\_  
(name of person tested)

**CHECK TO SHOW COMPLETION**

☐ Prior to step 1, verify that the instrument has been calibrated within 30 days prior to use.

☐ 1. Observe the subject for 15 minutes prior to testing. No smoking during waiting period.  
Time observation began: \_\_\_\_\_

☐ 2. Attach the mouthpiece and prepare the instrument for testing.

☐ 3. Instruct the subject to blow continuously as long as possible with the breath sample taken toward the end of exhalation.

☐ 4. Record the results and the time the test was taken.

Results: \_\_\_\_\_ Time sample was taken: \_\_\_\_\_

Test administered by: \_\_\_\_\_

\_\_\_\_\_  
(Permit Holder)

\_\_\_\_\_  
(Date)

2014

Case Number: \_\_\_\_\_ PBT Number: \_\_\_\_\_ PBT Expires \_\_\_\_\_  
(date)

**PRELIMINARY BREATH TEST ADVISEMENT  
PRE-ARREST**

(Subjects Name) \_\_\_\_\_

I am requiring you to submit to a Preliminary Test of your Breath for alcohol content pursuant to Section 60-6, 197.04 of the Nebraska Revised Statutes.

If you refuse to submit to the Preliminary Breath Test, you shall be:

- (A) Placed Under Arrest; AND
- (B) Subject to Prosecution for a Class V Misdemeanor and upon conviction thereof, you may be fined up to One Hundred Dollars.

**If you fail this test, you will be arrested.**

\_\_\_\_\_  
Signature of person advised (optional)

Dated this: \_\_\_\_\_ Day Of: \_\_\_\_\_  
(month) (year)

at \_\_\_\_\_ O'clock \_\_\_\_\_ M  
(time) (AM/PM)